2007 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N05000004818





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Mar 26	. 2007	8:00 am
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1. Entity Nam SPRINGL INC.		LAGE HOMEOWN	NERS ASSO	CIATION,			,	J3-20-200	/ 90032	2 000	70.00
14642 N.E.	14642 N.E. 22ND STREET 146		14642 N.E	iling Address 1642 N.E. 22ND STREET LVER SPRINGS, FL 34488			UUU &VV~~				
		ness - No P.O. Box#	3. Mailing Ad	dress	4. The soil						
Suite, Apt.			Suite, Ap		, · , ·	031	122007 Ch	ng-NP	CR2E	037 (12/06))
	- Spri	ngs, FL.		Springs			El Number 33-111908	4			Applied For Not Applicable
Zip 3448		Country MARION	Zip 3448 [2	Country marion	<u> </u>	Certificate of Sta		E	\$8.75 A Fee Requi	
	6. Name	and Address of Current	Registered Age	nt	Name	7. N	lame and Add	ress of New F	Registered	Agent	
COLLING, 529 VERS MAITLAND	AILLES D	R. STE 103				ddress (P.O. B	ox Number is h	Vot Acceptabl	е)		
					City				F	Zip Co	xde
	named entit tions of regist	y submits this statement for tered agent.	or the purpose of	changing its regis	stered office o	r registered age	ent, or both, in	the State of Fl			h, and accept
SIGNATURE											
,	Signature, typed	s or printed name of registered agent	t and title if applicable.	(NOTE: Regi	pistered Agent alignat	ure required when re	ristating)		DATE		
	Filing Fe	ee is \$61.25 Hay 1, 2007	9.	(NOTE: Regi Election Campaiç Trust Fund Contri	gn Financing	□ \$5.0 □ Adde	00 May Be d to Fees	Flo	fake che rida Dep	ck payable artment of	State
10.	Filing Fe Due by N	e is \$61.25	9.	Election Campaig Trust Fund Contri	gn Financing ribution.	S5.0 Adde	0 May Be	Flo	fake che rida Dep	ck payable artment of DIRECTORS	State IN 10
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:	Growne M. M	assem YV	ONNE	MAXSON	3/22/07 (3	752) 625-3043
	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date	Daytime Phone #	